

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
:
BRIAN K. WHITE

Plaintiff,

-v.-

DISTROKID et al.,

Defendants.
-----X

ORDER

: 22 Civ. 2205 (VEC) (GWG)

GABRIEL W. GORENSTEIN
UNITED STATES MAGISTRATE JUDGE

In response to the letter filed February 27, 2025 (Docket # 108), the Court will adjourn the initial case management conference to Tuesday, May 6, 2025, at 10:30 a.m. The provisions of the Court's Order of February 13, 2025 (Docket # 107) otherwise continue to apply, including the instructions on how to dial in to the conference. Counsel for plaintiff is directed to confirm with defendant that she is aware of the new date and that she has received a copy of this order.

Plaintiff's request that the February 27, 2025, letter be "construed as a notice of appeal" is denied because the Court has no basis for so construing a letter from an attorney.

The Court waives its pre-motion conference requirement as to any other motion contemplated by this letter and directs that any such motion shall be filed by April 25, 2025. The fact that the Court is granting permission to file the motion shall not be construed as suggesting that such a motion would have any merit. Further, the filing of any such motion will not affect the May 6, 2025, conference absent a further application to adjourn and a subsequent Order of the Court granting the adjournment.

With respect to defendant Eunice Rivers' efforts to obtain counsel, the Court notes for Ms. Rivers' benefit that she may ask the Court to seek volunteer counsel if she does not have the funds to hire an attorney. The form for making such a request is attached and should be filed at her earliest convenience. However, the mere fact that Ms. Rivers may file such a request is no guarantee that the request will be granted. Furthermore, even if the request is granted, there is no guarantee that counsel will be found who wishes to volunteer to take the case. If Ms. Rivers chooses to file such a request, she shall do so by March 14, 2025.

Dated: New York, New York
February 27, 2025

SO ORDERED:



GABRIEL W. GORENSTEIN
United States Magistrate Judge

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

_____ CV _____ (____) (____)

Application for the Court to
Request Pro Bono Counsel

(List the full name(s) of the defendant(s)/respondent(s).)

I ask the Court to request a *pro bono* attorney to represent me in this action. In support of my application, I declare under penalty of perjury that the following information is true and correct:

1. Have you previously filed a “Request to Proceed in Forma Pauperis” (an IFP application)?

Please check the appropriate box below:

- ☐ I have previously filed an IFP application in this case, and it is a true and correct representation of my current financial status.
- ☐ I have not previously filed an IFP application in this case and now attach an original IFP application showing my financial status.
- ☐ I have previously filed an IFP application in this case, but my financial status has changed. I have attached a new IFP application showing my current financial status.

2. Explain why you need an attorney in this case. (Please note that requests for *pro bono* counsel are rarely granted at the early stages of a case and usually not before the Court has issued a decision on the merits of the case.) If you asked for an attorney earlier in this case, please also explain what has changed since you last asked for an attorney.

3. Explain what steps you have taken to find an attorney and with what results. (Please identify the lawyers, law firms or legal clinics you have contacted and their responses to your requests. If you have limited access to the telephone, mail, or other communication methods, or if you otherwise have had difficulty contacting attorneys, please explain.)

4. If you need an attorney who speaks a language other than English, state what language(s) you speak: _____.
5. I understand that if an attorney volunteers to represent me and that attorney learns that I can afford to pay for an attorney, the attorney may give this information to the Court.
6. I understand that even if the Court grants this application, I will receive *pro bono* counsel only if an attorney volunteers to take my case and that there is no guarantee that an attorney will volunteer to represent me.
7. I understand that if my answers on this application or in my IFP application are false, my case may be dismissed.

Date

Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

(

-against-

CV

() ()

(Provide docket number, if available; if filing this with
your complaint, you will not yet have a docket number.)

(full name(s) of the defendant(s)/respondent(s))

IN FORMA PAUPERIS DECLARATION

I am a defendant in this case and submit this declaration in support of my request that counsel be appointed.

1. *Are you incarcerated?* ☐ Yes ☐ No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. *Are you presently employed?* ☐ Yes ☐ No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: _____

If "no," what was your last date of employment? _____

Gross monthly wages at the time: _____

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Rent payments, interest, or dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- | | | |
|---|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated

Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)